

MISSOURI-DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-010644

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

43

Primary Registration District No.

3007

Registrar's No.

1436

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Cape Girardeau (If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Length of stay in 1b 1 Day	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA. Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) ERLIS JOHN PENROD		4. DATE OF DEATH Month March Day 18 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-30-21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CO. Agent		10b. KIND OF BUSINESS OR INDUSTRY CO. Agent	
11. BIRTHPLACE (City and state or country) Neelys Landing, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Clinton Penrod		13b. MOTHER'S MAIDEN NAME Hanna Pinkerton	
14. NAME OF HUSBAND OR WIFE Virginia Penrod		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, if not, unknown) (If yes, give war or dates of service) Yes WW2	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address VA. Hospital Records, Poplar Bluff, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEMORRHAGE OF THE CEREBRAL ARTERIES Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) HYPERTENSIVE VASCULAR DISEASE DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 48 Hours 7 Years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. VA attended the deceased from 3-18-63 to 3-18-63 Death occurred at 1:50PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J.A. ALEGRE M.D. - Chief, Med. Svc.		22b. ADDRESS VA. Hospital Poplar Bluff, Mo.	
22c. DATE SIGNED 3-18-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE march 21-1963		23c. NAME OF CEMETERY OR CREMATORY RUSSELL HEIGHTS	
23d. LOCATION (City, town, or county) JACKSON, Mo		24. FUNERAL DIRECTOR [Signature]	
25. DATE RECD. BY LOCAL REG. 3/30/1963		26. REGISTRAR'S SIGNATURE [Signature]	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

APR 2 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by J. C. Bond, Student Embalmer No. 672
working under my personal supervision.

Student

J. C. Bond, Jr.
Signature of Student Embalmer

Signed

H. C. Crought

Licensed Embalmer No.

4327

P. O. Address

Jackson, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.